



Craig Benson  
Governor

# DIRECT SHIPPER PERMIT APPLICATION

New Hampshire State Liquor Commission  
Direct Shipping  
P.O. Box 503  
Concord, NH 03302-0503  
Telephone (603) 271-8543

Anthony C. Maiola  
Chairman  
(603) 271-3133

John W. Byrne  
Commissioner  
(603) 271-3132

Patricia T. Russell  
Commissioner  
(603) 271-3131

PLEASE PRINT OR TYPE

☐ single Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

CHOOSE ONE OF THE ABOVE OPTIONS

CORPORATION NAME \_\_\_\_\_ Bus. Ph. No. \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ NO. \_\_\_\_\_ STREET \_\_\_\_\_ PO BOX \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

TRADE NAME \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_ NO. \_\_\_\_\_ STREET \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ NO. & STREET \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

INTERNET ADDRESS <http://www.> \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

List below or on the back of this form, the names and addresses of the business owners, partners, corporate officers, or LLC members, as appropriate.

By Filing this application, I agree to operate in NH under the requirements of RSA 178:14-a, Liquor Rules Chapter 1100, and all other applicable NH Laws and Liquor Rules, and to file required monthly tax reporting documents and fees.

By signing this application, I acknowledge for \_\_\_\_\_ (Business name) that all information provided is true and correct, and that I agree to meet the NH operating conditions specified above. You must be an owner, partner, corporate officer, or LLC member to sign.

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

Mail completed application for a permit to:  
NH Liquor Commission  
Attn: Direct Shipping  
PO Box 503  
Concord NH 03302-0503

**Attach to this application a copy of your state alcohol license(s), and a copy of your registration with the Secretary of State to do business in your state of domicile.**